

VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF SUBSTANCE USE DISORDERS (SUD) - SPECIALTY CARE KEY POINTS

ASSESSMENT AND DIAGNOSIS

- Identify the patient's current problems, relevant history, and life context as a basis for the integrated summary and initial treatment plan.
- Identify patients with nicotine dependence for which cessation treatment may be effective.
- Identify the patient who does not require specialty care and coordinate with primary care.
- In VHA, complete the Addiction Severity Index.
- Integrate and prioritize biopsychosocial assessment information as a basis for formulating the diagnosis and treatment recommendations.

FOLLOW-UP

- Periodically reassess response to treatment, change in treatment goals, or other indications for change in the treatment plan.
- Provide appropriate continuity of care with primary medical or behavioral health care providers.
- Promote abstinence or reduced use.

ENCOURAGE PATIENTS TO TAKE AN ACTIVE ROLE IN THEIR REHABILITATION

TREATMENT

- Actively involve the patient in the creation of a treatment plan.
- Determine, along with the patient, the most appropriate treatment approach.
- Clarify and/or encourage patient commitment to rehabilitation goals.
- Identify the least restrictive level of initial treatment intensity that will safely help the patient achieve early remission and prevent relapse.
- Facilitate access to treatment and promote a supportive recovery environment.
- Initiate **addiction-focused psychosocial** treatment including self-help group involvement.
- Consider **addiction-focused pharmacotherapy** for all patients
- Individualize treatment to address co-morbid conditions.
- Summarize, simplify, and solidify the recovery plan to maximize the patient's chances for achieving his/her rehabilitation goals.

VA access to full guideline: <http://www.oqp.med.va.gov/cpg>
DoD access to full guideline: <http://www.cs.amedd.army.mil/Qmo>

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